

MONTANA BOARD OF VETERINARY MEDICINE
P. O. Box 200513
(301 S PARK, 4TH FLOOR - Delivery)
Helena, Montana 59620-0513
(406)841-2394 or 841-2369 FAX (406) 841-2305
E-MAIL: dlibsdrvvet@mt.gov WEBSITE: www.vet.mt.gov

EUTHANASIA TECHNICIAN CERTIFICATION

THIS IS AN INFORMATION SUMMARY SHEET ONLY. THE APPLICANT IS RESPONSIBLE FOR READING THE COMPLETE STATUTES AND RULES PRIOR TO MAKING APPLICATION. APPLICATIONS MUST BE APPROVED BY THE BOARD THROUGH THE MAIL. AVERAGE APPROVAL/DENIAL TIME, AFTER RECEIPT OF A COMPLETED APPLICATION, IS 14 DAYS.

CERTIFICATION REQUIREMENTS:

EUTHANASIA TECHNICIAN

Applicant must:

1. have successfully completed a board-approved training program taken within three years from the application date;
2. have successfully completed a board-approved written and practical exam;
3. be currently employed by a certified agency as a CET;
4. have completed a Montana Department of Justice background check;
5. verify that the applicant is at least 18 years of age or an emancipated minor;
6. have license verifications from other states where certified as an euthanasia technician;
7. have submitted a completed application accompanied by the appropriate fee to the Board office.

The Board may allow submission of a current euthanasia technician license from another state or province to meet requirements for the training program and examinations, if the Board determines that the other state's or province's standards for the euthanasia certification are substantially equivalent to or greater than Montana's euthanasia standards.

FEES \$ 80.00 Application Fee

****Make check or money orders to Board of Veterinary Medicine****
(All fees are non-refundable)

PHOTOS Please place recent (within two years) photo on the first page of the application. Passport size is preferable.

DOCUMENTS The following documents must be submitted to the Board office in order to complete your license application. **8 copies (plus original) of the completed application and all supporting documents submitted by you must be received in the Board office before your application can be sent to the Board for review.**

1. Submit the application fee.
2. Photograph approximately 2" X 2" taken within 2 years of the date of application, certified by a notary.
3. Documentation of successful completion of a board-approved training program taken within three years from the application date.
4. Documentation of successful completion of a board-approved written and practical exam.

5. Verification of all current employment at certified agencies.
6. Verification of a completed Montana Department of Justice background check. Contact Department of Justice 303 N Roberts, Helena MT 59620-1403 1-406-444-3625 for background check procedures.
7. Verification that the applicant is at least 18 years of age or an emancipated minor established by an official copy of a birth certificate or driver's license.
8. If certified in another state as a euthanasia technician, letter of good standing (with official state seal) from other state(s). **The candidate will be responsible for contacting these jurisdictions and paying any fees that are required.**

APPLICATION PROCEDURES

- ◆ If the application is considered a non-routine application, there may be a delay in processing of the application. You may be requested to provide additional information. Non-routine applications may take up to 120 days to process.
- ◆ Keep the Board office informed at all times of any address changes, changes in license status and complaints or proposed disciplinary action. This is essential for timely processing of applications and subsequent licensure.

For further information visit our website at <http://www.vet.mt.gov>

If you have any questions please contact the board office at (406) 841-2394 or 841-2369 or email us at dlibsdrvvet@mt.gov

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AFFIX PHOTO
HERE
PASSPORT SIZE

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Application for Licensure as: ☐ Euthanasia Technician

1. FULL NAME: _____
Last First Middle

2. OTHER NAME(S) KNOWN BY: _____

3. BUSINESS NAME: _____

4. BUSINESS ADDRESS: _____
Street or PO Box # City and State Zip Country

5. HOME ADDRESS: _____
Street or PO Box # City and State Zip Country

PREFERRED MAILING ADDRESS: ☐ Business ☐ Home E-MAIL ADDRESS: _____

6. TELEPHONE: (____) _____ (____) _____ (____) _____
Business Home Fax

7. SOCIAL SECURITY NUMBER: _____ FOREIGN ID NUMBER: _____

8. DATE OF BIRTH _____ PLACE OF BIRTH _____
City/State ☐ MALE ☐ FEMALE

9. LICENSE NAME: _____
(State your name, as it should appear on the license if granted.)

10. Euthanasia Examinations Taken:

Dates Taken	Location	State	Candidate Identification No.

11. Academic Degrees Received: List latest degree first (Include certificates equivalent to degrees)

Degree	Date Received	Institution	Major	Minor(s)

12. Professional Experience as a Euthanasia Technician List all experience of professional consequence including unpaid as well as paid, concurrent as well as consecutive, starting at date of application and working back. Attach additional sheet if necessary. Applicant should follow the same format as below in each case.

Date:	From	To
Organization/Address:		
Exact Title:		
Hours per week:	Paid:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name, title and present address of immediate supervisor:		
Description of work:		

Date:	From	To
Organization/Address:		
Exact Title:		
Hours per week:	Paid:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name, title and present address of immediate supervisor:		
Description of work:		

13. List all professional licenses or certificates you hold or **ever** have held. Verification must be sent directly to Montana from each state/province/territory.

State	License #	Issue Date	Expiration Date	License Method	Requested State Verification
				<input type="checkbox"/> Exam <input type="checkbox"/> Endorse <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Exam <input type="checkbox"/> Endorse <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Exam <input type="checkbox"/> Endorse <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Exam <input type="checkbox"/> Endorse <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Exam <input type="checkbox"/> Endorse <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please answer the following questions. If you answer yes, give specific details (names of organizations, dates, reasons, and outcome) on a Supplementary Sheet.

14. Has a licensing agency ever taken adverse or disciplinary action against your license? If yes, attach agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements. ☐ Yes ☐ No
15. Have you ever voluntarily surrendered, cancelled, forfeited or failed to renew a license as a result of any of the following: having a complaint filed against you; entering into a consent agreement with respect to your license as a result of a complaint; during an investigation or during disciplinary proceedings? If yes, attach a detailed explanation identifying each occasion, the date and the substance of the allegations. ☐ Yes ☐ No
16. Has a complaint ever been made against you alleging unethical behavior, standard of care issues or unprofessional conduct? If yes, attach a detailed explanation. ☐ Yes ☐ No
17. Has any legal or disciplinary action been filed against you, which relates to your propriety of, or your fitness to practice this profession (including malpractice, etc.)? If yes attach a detailed explanation of each instance including the date of the claim, name and address of party complaining, name and address of forum or court where claim was filed, docket or claim number and the substance of the allegations. ☐ Yes ☐ No
18. Have you ever been expelled from or asked to resign from any professional organization or been censured by a professional organization of which you were a member? If yes, attach a detailed explanation. ☐ Yes ☐ No
19. Do you have criminal charges pending or have ever plead guilty, forfeited bond, or been convicted of a crime (including plea of no contest or deferred prosecution) whether or not an appeal is pending? You may omit: (1) payment of traffic misdemeanor fines and (2) charges or convictions prior to your 16th birthday. If yes, please attach a detailed explanation. ☐ Yes ☐ No
20. Have you any physical or mental condition which may have or has adversely affected your ability to practice this profession, including but not limited to a contagious or infectious disease involving serious risk to the public? If yes, attach a detailed explanation. ☐ Yes ☐ No
21. Have you used alcohol or any other mood-altering substance in a manner which may have or has adversely affected your ability to practice this profession? If yes, attach a detailed explanation. ☐ Yes ☐ No
22. Do you have any physical impairment requiring special accommodations in taking the examination? Please include a statement of your needs with this application. ☐ Yes ☐ No

AFFIDAVIT

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Department of Labor and Industry, Healthcare Licensing Bureau, Board of Veterinary Medicine

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and will abide by the current licensure statutes and rules of the State of Montana governing the profession. I will abide by the current laws and rules that govern my practice.

Legal Signature of Applicant

Dated

Subscribed and sworn to by me this _____ day of _____, _____ at

City/State

Signature of Notary

Notary Public Printed Name

SEAL

City/State

My commission expires _____, _____